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MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A

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OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

CASE MANAGEMENT SERVICES

Α. Target Group M:

> Recipients up to age 21 who are diagnosed as having asthma. See attached.

В. Areas of State in which services will be provided:

Entire State.

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

The benefit is available statewide, but provider participation will be voluntary. It is assumed that initial participation of providers will see a majority of counties covered, and most target populations selected. The State will require the county board of supervisors in any county in which the benefit is provided, to elect to have this benefit offered. This will ensure coordination and enhance case management.

С. Comparability of Services

C

- Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- Х Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(l) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services:

See narrative D. in the section for Target Group C.

Qualification of Providers: Ε.

> See narrative E. in the section for Target Group C and the narrative that follows.

TN #95-024 Supersedes TN # New

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OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: \_\_\_\_ Wisconsin

## CASE MANAGEMENT SERVICES

A. Target Group N:

Families with children up to the age of 21 who are at risk of physical, mental or emotional dysfunction.

B. Areas of State in which services will be provided:

Entire State.

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

The benefit is available statewide, but provider participation will be voluntary, or as established by the State Legislature. It is assumed that initial participation of providers will see a majority of counties covered, and most target populations selected. The State will require the county board of supervisors in any county in which the benefit is provided, to elect to have this benefit offered, except that in a county of 500,000 population or greater, the Department may choose to make this benefit available. This will ensure coordination and enhance case management.

C. Comparability of Services:

Services	are	provided	in	accordance	with	section	1902(a)(10)(B)	of
the Act.								

Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a) (10) (B) of the Act.

D. Definition of Services:

See narrative D. in the section for Target Group C and the narrative that follows, or as established by the State Legislature.

E. Qualification of Providers:

See narrative E. in the section for Target Group C and the narrative that follows, or as established by the State Legislature.

TN #97-009 Supersedes TN #95-024

Approved Date 12-04-97

Effective 7-1-97 HCFA ID: 1040P/0016P

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OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

CASE MANAGEMENT SERVICES

#### Α. TARGET GROUP

Target Group M: This target group consists of recipients under the age of 21 who are diagnosed as having asthma and require case management services to ensure that they receive appropriate intervention and to prevent a deterioration of their condition.

### OUALIFICATIONS OF PROVIDERS Ε.

Providers of case management services to recipients under age 21 with asthma must be knowledgeable concerning the local service delivery system, the needs and dysfunctions of this recipient group, and the need for integrated services and the resources available.

In addition to the qualifications noted under section E. for target group C., registered nurses who are knowledgeable about the local service delivery system, the needs and dysfunctions of this recipient group and the need for integrated services and the resources available or needing to be developed may provide any of the components of case management.

TN #95-024 Supersedes TN # New

Approval Date 1/-9-25 Effective Date 7/1/95

HCFA ID: 1040P/0016P

CHO5062.MHP/SP

(BERC) HCFA-PM-87-4 MARCH 1987 Revision:

TO ATTACHMENT 3.1-A SUPPLEMENT 1 Page 1-N-2 OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:

of the following apply:

of the following apply:

of the following apply:

characteristics

characteristics CASE MANAGEMENT SERVICES target group consists of families of recipients of target group consists of families of recipients mental or emotional mental men TARGET GROUP This tional condition and ef 21 whs a child is OF amount beyond A: ağe the 10 COL 200 0 COCC COCC COCC • community DOB! OCCUPATION OF STREET OCCUPATION OCCULATION OF Verk 0.00 200 t - 400 ...... 14 A A864 OCTAMA AAA 1000 OLANCE MANAGEMENT AND ALL LESS X 13000 + TE VW.K.K.K. CANTITIVE TO SECURITY AND A SECURITY \*\*\*\*\*\*\* THE PARTY OF THE P N-TAR WWWWWWWWAT I BENTOTES 

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OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

## CASE MANAGEMENT SERVICES

#### Α. TARGET GROUP

Target Group N: This target group consists of families of recipients under the age of 21 who are at risk of physical, mental or emotional dysfunction. A child is at risk if any of the following apply:

- The child exhibits biological or environmental characteristics associated with a heightened probability of developing a chronic physical, developmental, behavioral or emotional condition and requires health or health related services of a type or amount beyond that required by children generally.
- There is a finding that the child has been maltreated or a finding that there is a significant probability of maltreatment.
- The child has been placed in substitute care.
- The child is involved with the juvenile justice system.
- The primary caregiver has a mental illness, developmental disability or substance abuse disorder.
- The child's mother required care coordination services during her pregnancy with the child because of the risk of an adverse birth outcome, and coordination activities continue to be required to ensure the best possible health outcome for the child.

### DEFINITION OF SERVICES D.

The basic components of targeted case management (assessment, case planning, on-going monitoring and service coordination, and institutional discharge planning), as described in section D for target group C, all apply to this target group. However, the focus of this target group on the family of the child at risk requires that some additional issues be addressed within these components to ensure that all the factors which place the child at risk are addressed in the most efficient manner.

Assessment: In addition to completing the comprehensive assessment for the identified child at risk, the case manager will also:

 Assess the needs of any primary caregiver, where that person's condition (e.g., mental illness, substance abuse disorder, maltreatment) is the primary reason for the child being at risk and the caregiver is not already served by a case manager under MA. The assessment shall include those components of the comprehensive assessment which are applicable to the caregiver's situation.

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State/Territory: Wisconsin

CASE MANAGEMENT SERVICES

# SPA Case Management: Family Case Management

- Assess the needs of other child(ren) in the family when the conditions placing the identified child at risk might also place the other child(ren) at risk (e.g., maltreatment) and the other child(ren) are not already served by a case manager under MA. The assessment shall include only those components of the comprehensive assessment which are applicable to the other child(ren). Where components of the assessment apply equally to the identified at risk child and other child(ren) in the family, these components should not be duplicated in the assessment of the other child(ren) in the family (e.g., needs of the primary care giver).
- Assess the family's ability to provide for the needs of the identified at risk child and other children in the family deemed to be at risk after further assessment. This should include an assessment of the family's ability to utilize the system of health and health-related services in addition to other community-based social and other services which may be needed to address the needs of the identified at-risk child.
- Assess the involvement of other case managers who may be working with members of the family.

Case Plan: The case plan should address the case plan elements a.-g. under section D for larget group C as they apply to the assessment of the needs of the identified at risk child, or the needs of Medicaid eligible caregivers and other children in the family. In addition, where multiple members of the family have case managers, whether related to the specific conditions placing the identified child at risk or not, the case plan will identify how the activities of the various case managers will be coordinated so that duplication of effort will not occur.

## E. QUALIFICATIONS OF PROVIDERS

Providers of case management services to families of children at risk of physical, mental and emotional dysfunction must be knowledgeable concerning the local service delivery system, the needs and dysfunctions of this recipient group, and the need for integrated services and the resources available.

In addition to the qualifications noted under section E. for target group C., registered nurses who are knowledgeable about the local service delivery system, the needs and dysfunctions of this recipient group and the need for integrated services and the resources available or needing to be developed may provide any of the components of case management.

TN #95-024 Supersedes Approval Date NOV 0.9 1995 Effective Date 7/1/95

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

CASE MANAGEMENT SERVICES

Α. Target Group O:

Persons enrolled in the Birth to Three Program. See attached.

Areas of State in which services will be provided: В.

Entire State.

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

The benefit is available statewide, but provider participation will be voluntary. It is assumed that initial participation of providers will see a majority of counties covered, and most target populations selected. The State will require the county board of supervisors in any county in which the benefit is provided, to elect to have this benefit offered. This will ensure coordination and enhance case management.

C. Comparability of Services

Ш		are	provided	in	accordance	with	section	1902(a)(10)(B)	of
	the Act.								

Х Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See narrative D. in the section for Target Group C.

E. Qualification of Providers:

> See narrative E. in the section for Target Group C and the narrative that follows.

TN #95-024 Supersedes TN # New

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OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

CASE MANAGEMENT SERVICES

### TARGET GROUP Α.

Target Group O: This target group consists of recipients who are receiving services from a program certified under Ch. HSS 90 WI Adm. Code. These recipients are aged birth to three and significantly delayed developmentally insofar as their cognitive development, physical development, including vision and hearing, communication development, social and emotional development or development of adaptive behavior and self-help skills is concerned, or are diagnosed as having a physical or mental condition which is likely to result in significantly delayed development.

# E. QUALIFICATIONS OF PROVIDERS

Providers of case management services to recipients in the birth to three program must be knowledgeable concerning the local service delivery system, the needs and dysfunctions of this recipient group, and the need for integrated services and the resources available.

TN #95-024 Supersedes TN # New

Approval Date NOV 0 9 1995

1-9-1

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OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

CASE MANAGEMENT SERVICES

A.	Target Group P:							
	Milwa	ikes County postpartum women and their infants - See attached.						
₿.	Areas	of State in which services will be provided:						
		Entire State.						
	$\boxtimes$	Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide: Milwaukee County						
c.	Comparability of Services:							
		Services are provided in accordance with section 1902(a)(10)(B) of the Act.						
	X	Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(l) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.						

Definition of Services:

Covered services include risk assessment, care planning, ongoing care coordination and monitoring. See attached.

Qualification of Providers:

See the narrative that follows.

TN #96-011 Supersedes TN #New

Approval Date <u>9-25-96</u> Effective Date: 7-1-96 HCFA ID: 1040P/0016P

A. TARGET GROUP:

Targeted Group: Milwaukee County postpartum women and their infants who are at risk for child abuse and neglect as determined by the department. These recipients remain in the target group until the child is 7 years old.

D. DEFINITION OF SERVICES

General Description. The basic components of targeted case management (assessment, case planning, on-going monitoring and service coordination), as described in section D for target group C, all apply to this target group. However, the focus of this target group on the family of the child at risk of poor health outcomes or child abuse and neglect requires that some additional issues be addressed within these components to ensure that all the factors which place the child at risk are addressed in the most efficient manner.

Risk assessment. A risk assessment is a written appraisal of a recipient's needs to determine if a recipient is at risk of a poor health outcome or child abuse and neglect and to determine the type and level of the recipient's needs. When conducting the risk assessment the certified provider utilizes a Department-sanctioned instrument. The assessment must be performed by a person either employed by or contracted with the certified care coordination agency and must be reviewed by a qualified professional.

Care Planning. Following completion of the risk assessment and determination of the need for care coordination, the provider will do care planning. Care planning is development of an individualized written plan of care which will identify needs, problems and possible services to reduce the recipient's identified risk factors. Care planning provides the means to ensure that through all care coordination services the recipient has accessible, coordinated, adequate, quality, and continuous services to address the identified needs. Care planning must be performed by a person employed by or contracted with the MAcertified care coordination agency. To the maximum extent possible, the development of a care plan is done in collaboration with the recipient, the family or other supportive persons:

<u>Plan of Care</u>. The plan of care is a written document that may include, but is not limited to:

- (1) Identification and prioritization of risks found during the assessment:
- (2) Identification and prioritization of all services and service providers to be arranged for the recipient;
- (3) Description of the recipient's informal support system and activities to strengthen it:
- (4) Identification of individuals who participated in the development of the plan of care;

TN #96-011 Supersedes TN #New

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